



MONTANA TALKING  
BOOK LIBRARY  
MONTANA STATE LIBRARY

**MONTANA TALKING BOOK LIBRARY**  
PO Box 201800, Helena MT 59620-1800

Phone: 406-444-2064  
Toll Free in Montana: 1-800-332-3400  
Fax: 406-444-0266

Website: [msl.mt.gov/tbl](http://msl.mt.gov/tbl)  
E-mail: [mtbl@mt.gov](mailto:mtbl@mt.gov)

**APPLICATION FOR FREE LIBRARY SERVICE – INSTITUTION**  
(Please Print or Type)

**INSTITUTION NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DAYTIME PHONE #:** \_\_\_\_\_ **ALTERNATE PHONE #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Name of a person responsible for books, equipment and accessories:**

**NAME:** \_\_\_\_\_, \_\_\_\_\_  
(TITLE/OCCUPATION)

**CERTIFICATION TO BE COMPLETED BY FACILITY DIRECTOR, ADMINISTRATOR,**

**or other professional staff as defined by the National Library Service. \***

I certify that the institution named serves individuals who are unable to read or use standard print material due to blindness, visual disabilities, or physical limitation. (see attached Eligibility Requirements). I further certify that the reading materials and equipment borrowed will be used by such persons only.

*Please Print or Type Information*

<b>Signature</b> _____	<b>Date</b> _____
<b>Certifying Authority</b>	
<b>Name</b> _____	
<b>Title/Occupation</b> _____	<b>Organization</b> _____
<b>Street address</b> _____	<b>Telephone</b> (____) _____
<b>City</b> _____	<b>State</b> _____ <b>ZIP</b> _____

**HOW DID YOU LEARN ABOUT US?** Please help us assess where you learned about the **Montana Talking Book Library**. It will help us plan our educational and outreach programs. Check one or more of the following that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Another talking book or Braille Reader     | <input type="checkbox"/> Medical Professional |
| <input type="checkbox"/> School System                              | <input type="checkbox"/> Public Library       |
| <input type="checkbox"/> Montana Services for the Visually Impaired | <input type="checkbox"/> Public Media         |
| <input type="checkbox"/> Other: (please explain) _____              | <input type="checkbox"/> Healthcare Facility  |
- Would you like a presentation about our library services?

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(Contact name, phone number, and email address)



**Regional Library of the National Library Service  
For the Blind and Physically Handicapped  
The Library of Congress**



**INSTRUCTIONS FOR RETURNING APPLICATION FORM:** 1) Fold application form in half; 2) Tape closed before mailing; 3) Return postage is NOT necessary.

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MONTANA TALKING BOOK LIBRARY  
1515 EAST 6<sup>TH</sup> AVENUE  
PO BOX 201800  
HELENA MT 59620-1800



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**TO:  
MONTANA TALKING BOOK LIBRARY  
PO BOX 201800  
HELENA MT 59620-1800**

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**INSTITUTION APPLICATION**